

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38123

FILED DEC 4 1943

Registration District No. 101

Primary Registration District No. 5413

State File No.

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Squires Wells
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Jacob Marion Bragg

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margurett Bragg 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 6 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 22 hr. min.

9. Birthplace Douglas County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Tom Bragg
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W. T. Shroy
(b) Address Squires, Missouri

17. (a) Burial (b) Date thereof 10-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dobbs

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 11-1-43 (b) Mrs. J. R. Spuylock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Squires Rural 5
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1943 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Died suddenly, had just finished his supper and fell dead
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

3. Signature C. V. Clinkingbeard CORONER
(M. D. or other)
Address Ava, Mo. Date signed 9-29-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1056

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED
District Licensee (EMBALMER)
District File Number 1143-1232
Date Filed NOV 30 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

W. B. Hutchinson

Licensed Embalmer No.....

3431

P. O. Address.....

Cora 2nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.